

CARBON MONOXIDE POISONINGS

November 2014

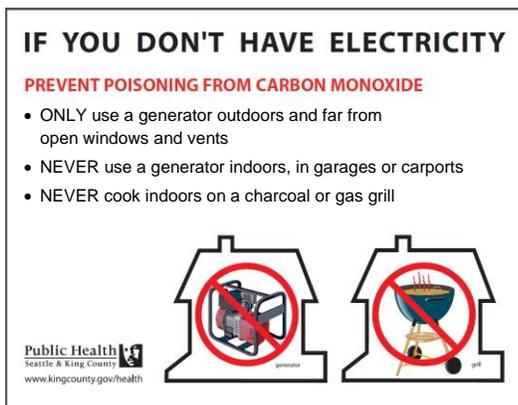


Image courtesy of King County (WA) Public Health

Figure. ED visits related to unintentional, non-fire-related CO poisoning by month and year, North Carolina

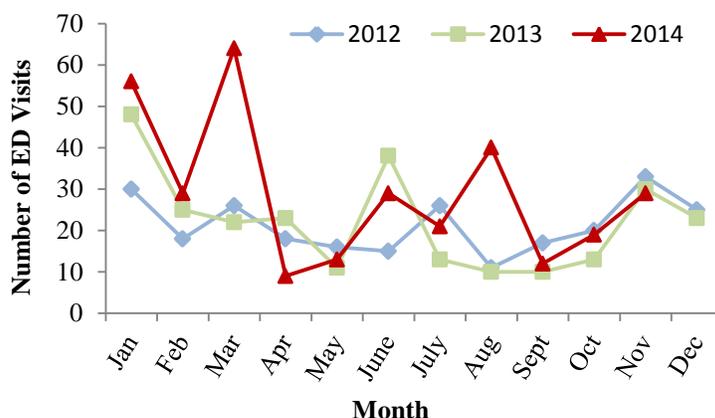


Table. 29 Emergency Department (ED) visits related to unintentional, non-fire related carbon monoxide (CO) poisoning in North Carolina were identified.

	N (%)
Sex	
Female	12 (41)
Male	17 (59)
Age Group (yrs)	
0-9	1 (3)
10-24	4 (14)
25-44	10 (34)
45-64	13 (45)
65+	1 (3)
Exposure Site	
Home	5 (17)
Vehicle	5 (17)
Workplace	2 (7)
Unspecified	17 (59)

	N (%)
Disposition	
Admitted	7 (24)
Discharged	20 (69)
Other/ Unknown	2 (7)
Insurance	
Medicaid	4 (14)
Medicare	5 (17)
Private	10 (34)
Self-pay	6 (21)
Other	4 (14)

Percentages may not add to 100 due to rounding

November 2014 CO Exposure Descriptions

- A young adult was exposed to CO while sleeping in a running car.
- An older adult was exposed to CO at home due to a faulty furnace.

Carolinas Poison Center (CPC): The CPC received 19 calls^{1,2} related to unintentional CO exposure in North Carolina, 1 call related to CO alarm use, and 1 call requesting CO information.

- 25 exposed people were mentioned:
 - 14 (56%) Female
 - 11 (44%) Male
- Site of exposure:
 - 24 (96%) Residence
 - 1 (4%) Unknown

¹We do not have the ability to determine the extent of overlap between CPC calls and ED visits. Therefore, they are analyzed separately.

²We do not have the ability to determine if CPC calls were related to fires.

NOTE: NC DETECT (www.ncdetect.org) search criteria for ED visits: ICD-9-CM diagnostic code 986 or external cause of injury code E868.3, E868.8, E868.9, E982.1, E868.2 or E982.0 for North Carolina residents who visited North Carolina hospitals. ED visits related to self-inflicted or fire-related exposures were excluded. CPC calls were filtered by substance and included when unintentional CO exposure, CO alarm use or a request for CO information was documented.

NC DETECT is a statewide public health syndromic surveillance system, funded by the N.C. Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee is not responsible for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.